

pital Pathologist," which should appeal mainly to masochistic pathologists.

This volume is well illustrated and the photographs are almost uniformly excellent. These reviews are timely and make a welcome addition to pathology literature. It is hoped that this series will continue to appear for a long time to come.

STUART LINDSAY, M.D.

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METABOLIC TOXEMIA OF LATE PREGNANCY—A Disease of Malnutrition—By Thomas H. Brewer, M.D., County Physician, Richmond Health Center, Richmond, Calif.; formerly, Instructor, Department of Obstetrics-Gynecology, University of California Medical Center, San Francisco, Calif. Charles C Thomas, Publisher, Springfield, Ill., 1966. 127 pages, \$8.50.

This is an interesting volume in which the author puts forth his ideas concerning the etiology of toxemia of pregnancy. To quote from the first page of the introduction: "Scientific evidence will be presented which clearly indicates that toxemia of late pregnancy is a disease of nutritional deficiency mediated through hepatic dysfunction and that the bacterial flora of the maternal gastrointestinal tract, as well as the steroid hormones (estrogens and progesterone) produced by the placenta, play a contributing role in its pathogenesis." He presents some of his own extensive experience as well as selected references from the literature to support his thesis.

He suggests that malnutrition is the basic cause of toxemia and that it results in hepatic lesions and dysfunction. In support of this hypothesis, he cites pathologic lesions found by Maqueo and states that in these women, a direct correlation was found between a history of low protein intake and the severity of toxemia. Other authors, of course, have reported great variability in the extent and severity of the hepatic lesions, and have found no lesions at all in some patients in whom the disease was so severe that the patients had eclampsia.

He emphasizes the importance of hypoalbuminemia in lowering oncotic pressure, thus permitting tissue edema, but states that the cause of hypoalbuminemia in metabolic toxemia of late pregnancy is not known at present. He does recommend the use of intravenous albumin instead of diuretics.

Some comments are made about the diminished conjugation of placental steroids, and the suggestion is made that the toxemic woman is actually overloaded with placental steroids. The author suspects that sodium-retaining steroids play an important role in the sodium and water retention seen in women who develop clinical edema in pregnancy.

These remarks concerning placental steroids are much too simple and naive. We need much more information about plasma levels, production rates, and details of metabolism of these steroids before any meaningful comments can be made.

The suggestion is made that certain aromatic amino acids are affected by the bacteria of the lower gastrointestinal tract with the production of compounds which may accumulate within hepatic cells and damage or destroy those cells. Ten patients who were treated with neomycin in order to prevent this reaction are presented along with three similar patients who did not receive neomycin. The author feels that loss of edema as determined by loss of weight was quite clearly related to the use of neomycin but many of the patients were started on treatment soon after hospitalization, and it is quite possible that the bed rest contributed heavily to the weight loss. For example, his third "control" patient lost

weight without receiving neomycin. Most of these patients had quite mild examples of toxemia and there is no clear relationship between improvement in the toxemia and neomycin therapy.

A very nice section is included concerning the prevention of toxemia through prenatal nutritional education. Doctor Brewer correctly emphasizes the importance of stressing the value of good nutrition to prenatal patients, and the necessity of reviewing the matter at subsequent prenatal visits. His experience has been quite gratifying in that of the first 235 patients who have delivered, there has not been a single case of metabolic toxemia of late pregnancy.

In summary, I found this to be a very interesting essay concerning the author's hypothesis of the etiology of toxemia of pregnancy. I do not consider the hypothesis well proved from the evidence presented here, but many thought provoking suggestions are made. The emphasis on good nutritional guidance for prenatal patients is very well taken.

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HUANG TI NEI CHING SU WEN—The Yellow Emperor's Classic of Internal Medicine—By Ilza Veith. University of California Press, Berkeley and Los Angeles, 1966. 260 pages, \$8.00.

It is indeed a pleasure to welcome back into the fold of the "available" this great classic of Chinese medicine, the *Nei Ching*. It has for too long been "out of print," which is unfortunate since it is the single most important work in English for the understanding of the basis of traditional Chinese medicine. It should not be forgotten that perhaps today more people are treated for their ills on the archaic principles (or some modification of them) discussed in this text than are reached by modern Western medicine. Oddly enough, and to some extent initiated by political considerations, there has been a curious and recent resurgence of these ancient methods of therapy, not only in China itself but all over Europe—notably in Russia, France, and Great Britain—which has begun to extend to the United States. Medical journals devoted exclusively to treatment by acupuncture, moxibustion, and other methods based on such antiquated theories, are presently being published in France and the United Kingdom, and possibly elsewhere in the West. Consequently Dr. Veith's book is, in the context of the present day, a good deal more than a significant achievement in the history of medicine. It has become an important social document for the understanding of existing socio-political conditions in the Far East and the irrational aberrations of the West.

The *Nei Ching* is reputed to be the oldest medical text in existence, but this should be accepted with a great deal of caution since legend and reality are so hopelessly intertwined as to make dating impossible. The authorship is ascribed to Huang Ti (the Yellow Emperor), said to be the third of China's first five rulers who flourished circa 2697-2597 B.C. but whose very existence is problematical. Nonetheless, Huang Ti is venerated and worshiped as the father of Chinese Medicine. The existing text is apparently a reworking of an earlier version completed about 762 A.D., but which was certainly in existence during the Han dynasty (circa 206 B.C.-25 A.D.). Doubtless it has passed through many recensions by commentators over hundreds of years, so that little of the original remains. The *Nei Ching* is an immense work, and this volume is the first